



102903

17707 U.S. PTO

00727 U.S. PTO
10/697684

102903

UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Inventor(s) : Robert A. Kerr, II and James D. Fonger
Title : REMOTELY MONITORED MEDICAL SYSTEM
Express Mail Label No. : ET660807935US

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 29, 2003

1. X **FEE TRANSMITTAL FORM** *(Submit an original, and a duplicate for fee processing).*

2. **IF A CONTINUING APPLICATION**

_____ This application is a _____ of patent application No. _____

Prior application information: Examiner ; Group Art Unit: .

X This application claims the benefit of Provisional Application No. 60/423,206 pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

Specification

21 Specification, claims and Abstract (total pages)

Drawings

5 Sheets of formal drawing(s) (FIGS. 1 to 5)

Declaration and Power of Attorney

_____ Newly executed

X Unexecuted declaration

_____ Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4. _____ **Microfiche Computer Program** *(Appendix)*

5. _____ **Nucleotide and/or Amino Acid Sequence Submission** *(if applicable, all necessary)*

_____ Computer Readable Copy

_____ Paper Copy (identical to computer copy)

_____ Statement verifying identity of above copies

6. **APPLICANT(S) STATUS UNDER 37 CFR §1.27**

X Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

7. **ALSO ENCLOSED ARE**

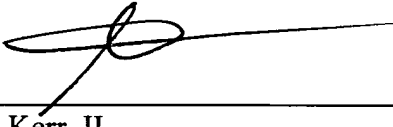
UTILITY PATENT APPLICATION TRANSMITTAL
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_____ Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication**
_____ Preliminary Amendment
_____ Includes "Cross-Reference to Related Applications"
_____ A Petition for Extension of Time for the parent application and the required fee are enclosed
_____ An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed
_____ This application is owned by _____ pursuant to an Assignment recorded at Reel _____, Frame _____
_____ Information Disclosure Statement (IDS)/PTO/SB/08A/B
_____ Copies of IDS Citations
_____ Certified copy of Priority Document(s) (*if foreign priority is claimed*)
_____ English Translation Document (*if applicable*)
_____ Return Receipt Postcard (MPEP 503) (should be specifically itemized).
_____ Other: _____

8. CORRESPONDENCE ADDRESS

ROBERT A. KERR, II, 446 CATALINA Dr., NEWPORT BEACH, CA 92663

Respectfully submitted,

By 

Robert A. Kerr, II
(949) 515-7285

**FEE TRANSMITTAL
UTILITY PATENT APPLICATION**

DATE: October 29, 2003

Inventor(s) : Robert A. Kerr, II and James D. Fonger
Title : REMOTELY MONITORED MEDICAL SYSTEM Duplicate ____


FEE DETERMINATION

CLAIMS AS FILED					
	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	LARGE ENTITY RATE	FEE
TOTAL CLAIMS	42 - 20	= 22	22 x \$9.00	0 x \$18.00	\$198
INDEPENDENT CLAIMS	3 - 3	= 0	0 x \$43.00	0 x \$86.00	0
MULTIPLE-DEPENDENT CLAIMS FEE			\$145.00	\$290.00	0
BASIC FEE			\$385.00	\$770.00	\$385
TOTAL FILING FEE					\$583
List Independent Claims: 1, 32, 42					

METHOD OF PAYMENT

 X Payment Enclosed: Check for \$583

Respectfully submitted,

By 
Robert A. Kerr, II
(949) 515-7285